



Town of Ashburnham
Office of the Building Commissioner

FORM OF INTENT FOR BUSINESS OR USE

(Please Print Clearly)

Please Provide the Following Information:			
Name of Applicant			
Name of Owner (if different)			
Name of Business			
Location of Business or Use Requested			
Type of Business or Use			
Mailing Address			
Phone Number			
Zoning District	Lot Size	Map	Parcel

Please give a brief explanation about your business or use:

Check boxes below indicating that the following documentation has been included with this application:

- ☐ Floor plan of how the business or use is going to be set up within the principal structure
- ☐ Certified plot plan showing adequate off street parking and setbacks to property lines

Applicant's Signature	Date	Owner's Signature*	Date
I certify that the information contained herein is true and accurate to the best of my knowledge; the above signed owner(s) grant the Board and its agents permission to enter the property to review this application: I understand all documents will be entered into the public record; I understand that if neighboring issues have not been addressed/resolved prior to the hearing, the Board will continue the hearing.			

*Owner's signature or letter from owner authorizing applicant/representative to sign on behalf of owner.



Written opinion from Zoning Enforcement Officer:

[illegible]

- Per Section _____

Zoning Enforcement Officer Signature